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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **01-505**First Inventor or Application Identifier **SAKAI**Title **MULTI-LAYER BOARD, ITS PRODUCTION METHOD, AND MOBILE DEVICE USING MULTI-LAYER BOARD**Express Mail Label No. 

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i> | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages] 27 | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> |
| -Descriptive title of the Invention | |
| -Cross Reference to Related Applications | |
| -Background of the Invention | |
| -Summary of the Invention | |
| -Brief Description of the Drawings | |
| -Detailed Description of the Preferred Embodiment | |
| -Claims | |
| -Abstract of the Disclosure | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 5 | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration [Total Sheets] 3 | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b)
Statement
<i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
<i>(for continuation/divisional with Box 16 completed)</i> | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 11. <input type="checkbox"/> Preliminary Amendment |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(should be specifically itemized)</i> | |
| 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,
<i>(PTO/SB/09-12)</i> Status still proper and desired | |
| 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> | |
| 15. <input type="checkbox"/> Other:
..... | |

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

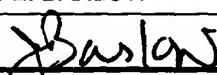
Prior application information: Examiner _____ Group/Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23400	or <input type="checkbox"/> Correspondence address below
<i>(Insert Customer No. or Attach bar code label here)</i>		

Name			
Address			
City	State	Zip Code	
Country	Telephone	(703) 707-9110	Fax (703) 707-9112

Name (Print/type)	JAMES E. BARLOW		Registration No. (Attorney/Agent)	32,377
Signature			Date	September 23, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

2215 667408
09/23/03

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 958)

Complete if Known	
Application Number	
Filing Date	September 23, 2003
First Named Inventor	SAKAI
Examiner Name	
Group/Art Unit	
Attorney Docket No.	01-505

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				3. ADDITIONAL FEES			
Deposit Account Number	50-1147			Large Entity	Small Entity	Fee Description	Fee Paid
Deposit Account Name	POSZ & BETHARDS, PLC			Fee Code (\$)	Fee Code (\$)	Fee (\$)	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				1051	130	2051	65 Surcharge – late filing fee or oath
				1052	50	2052	25 Surcharge – late provisional filing fee or cover sheet
				1053	130	1053	130 Non-English specification
				1812	2,520	1812	2,520 For filing a request for reexamination
				1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
				1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
				1251	110	2251	55 Extension for reply within first month
				1252	410	2252	205 Extension for reply within second month
				1253	930	2253	460 Extension for reply within third month
				1254	1450	2254	725 Extension for reply within fourth month
				1255	1970	2255	985 Extension for reply within fifth month
				1401	320	2401	160 Notice of Appeal
				1402	320	2402	160 Filing a brief in support of an appeal
				1403	280	2403	140 Request for oral hearing
				1451	1,510	1451	1,510 Petition to institute a public use proceeding
				1452	110	2452	55 Petition to revive – unavoidable
				1453	1,300	2453	650 Petition to revive – unintentional
				1501	1300	2501	650 Utility issue fee (or reissue)
				1502	470	2502	235 Design issue fee
				1503	630	2503	315 Plant issue fee
				1460	130	1460	130 Petitions to the Commissioner
				1807	50	1807	50 Petitions related to provisional applications
				1806	180	1806	180 Submission of information Disclosure Stmt
				8021	40	8021	40 Recording each patent assignment per property (times number of properties)
				1809	750	2809	375 Filing a submission after final rejection (37 CFR § 1.129(a))
				1810	750	2810	375 For each additional invention to be examined (37 CFR § 1.129(b))
2. EXTRA CLAIM FEES				Other fee (specify) _____			
Total Claims	18	-20**=	0	x	18	= 0	
Independent Claims	5	-3***=	2	x	84	= 168	
Multiple Dependent							
**or number previously paid, if greater; For Reissues, see below							
Large Entity	Small Entity	Fee Description					
Fee Code (\$)	Fee Code (\$)						
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 168)			
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 40)			

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	JAMES E. BARLOW	Registration No. (Attorney/Agent)	32,377	Telephone (703) 707-9110
Signature		Date	September 23, 2003	

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